DETAIL REPORT: FORCE

CASE DETAILS

FO #: 524061 Bur/Stn/Fac: Received Date: Admin Inves: Y

**INCIDENT INFORMATION** 

**URN:** 494-03808-2768-145 **Event #: Date:** 09/20/1994 **Time:** 0250

**Location:** 54TH STREET AND DEANE AVE., LADERA HEIGHTS

City: Or Station:

Synopsis: ON SEPTEMBER 20, 1994, AT APPROXIMATELY 0250 HOURS, DEPUTIES RICHARD GODFREY AND KEVIN EARLE

(MDR UNIT #273) FRACTURED THE LEFT ARM OF CATHY GAINES WHILE ATTEMPTING TO ARREST HER FOR 647

(F) P.C.

**ROLLOUT INFORMATION** 

Arrival Date & Time: 09/20/1994 EFRC Hearing Date:

Date to EFRC & Training: Date To Division:

**Date Record From Training:** Closed Date: 03/28/1997

IAB Assigning Lt. Name: Emp#:

**INVOLVED EMPLOYEE** 

Name: EARLE, KEVIN Unit: MAR Emp #:

Sex: M Race: WHITE Age: Height: Weight:

Work Assignment: MARINA DEL REY STATI Shift Time: Shift Type:

Med Exam/Treatment: N If Admitted, Name of Hospital:

Coroner Case: Directed To Use Force: N Significant Force: N

Name: GODFREY, RICHARD Unit: MAR Emp #:

Sex: M Race: WHITE Age: Height: Weight:

Work Assignment: MARINA DEL REY STATI Shift Time: Shift Type:

 $\label{eq:Med Exam/Treatment:} \mbox{N} \qquad \qquad \mbox{If Admitted, Name of Hospital:}$ 

Coroner Case: Directed To Use Force: N Significant Force: N

SUSPECT

Report Generated By: NORTH, JAMES

On: 05/05/2020

Name:	GAINES, CATHY				
Aka Name:					
Sex:	U	Race:	UNKNOWN		
Age:		Date of Birth:		Height:	Weight:
Street Address	:				
City:				State:	Zip:
Work Phone:		Home Phone:			
Booking #:					
Primary Booking Charge:					
Secondary Booking Charge:					
Under Influenc	e: N			Substance:	
Armed:	N	Mental History:		N	<b>Criminal History:</b> N
Hospital Admis	sion: N			Rec'd Treatment A	t:
Coroner Case #:				Photos of Suspect	's Injuries: N
Interview Date:		Time:		Audio Tape: N	Video Tape: N
EMPLOYEE WIT	NESS				
NON-EMPLOYEE WITNESS					
SUPERVISOR					
WATCH SERGE	ANT				
Name:			Unit:		Emp #:
Rank:		On Duty:	Supervisor	Present?:	Witness to Incident:
Name:			Unit:		Emp #:
WATCH COMMANDER					
Name:			Unit:		Emp #:
ROLLOUT TEAM					
FORCE USED					
COPY PROVIDED TO EMPLOYEE BY					
Name:					Emp #:

Report Generated By: NORTH, JAMES

On: 05/05/2020

SUPERVISOR COMPLETING FORM

Name: Emp #:

**SIGNED BY** 

Name: Date: Emp #:

**INCIDENT DETAIL** 

IC #: 894061 Date/Time From: 09/20/1994 0250 Date/Time To:

**Event #:** URN: 494-03808-2768-145 RD#: 2768

**Business:** 

Location: 54TH STREET AND DEANE AVE., LADERA HEIGHTS

City: Station:

UO #:

Synopsis of Event: ON SEPTEMBER 20, 1994, AT APPROXIMATELY 0250 HOURS, DEPUTIES RICHARD GODFREY AND

KEVIN EARLE (MDR UNIT #273) FRACTURED THE LEFT ARM OF CATHY GAINES WHILE ATTEMPTING

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Report Generated By: NORTH, JAMES

On: 05/05/2020